TD HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TD FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 should be detached for use as the burial-transit permit. Then please remove cachon papers. Pages 1, and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whin 72 hours after deal

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1250	4		CERTI	FICATI	E OF DEAT	Ή		12	513	3	
1.	PLACE OF DEATH a. COUNTY HOWA	ard		MA	RYLAND	a. STATE	md	deceased lived, If in b. COUI	Balt	imor	• /	
	Ellicot		n)	c. LENGTH OF ST		c. CITY OR TOWN	ville	orporate limits, wi	rite RURAL		03	12
		SPITAL OR INSTITUTIONS RE Nursing		ospital, give stree	t address)	d. STREET ADDRES		Vanam Ct			ON A FA	
3.	NAME OF DECEASED (Type or print)	Noma.	rst	Middle	E	Last Bell	4. DAT OF DEA	E Mont	17	Day	Year	
	female	6. COLOR OR RACE	WIDOWED	# DIVOR	CED	7 1 9/1880		9. AGE (In years last birthday) 87 yrs.	Months	Days	Hours	24 HRS Min.
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7	cause (a), s underlying caus	tating the DUE se last.	(c)									
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12514 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Howard MARYLAND State Department b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c 1FNGTH OF STAY IN 1b write RURAL and give nearest town) D.O.A. Lanhan Daisy d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE d STREET ADDRESS alang with farm ON A FARM? 281 P.O.Box NO X in Item 18. Give Pages rural This certificate should be executed within 24 hours after death. Middle NAME OF DATE First Last Day Manth Year DECEASED Burdette GCORGE 19 (0 (Type or print) DEATH S. SEX IF UNDER 1 YEAR UNDER 24 HR 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH WIF last birthday) Months Days Hours 3-11-1912 Male White WIDOWED DIVORCED Office 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during mast of working life, even if retired) COUNTRY? ofter INDUSTRY Florence . Md nding" in pencil in Medical Examiner's Milk Dealer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME within 72 haurs Susie Layton Emory W. Burdette Sr. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. Lanham, Md (Yes, na, or unknown) (If yes give war or dates of service) 579-01-13 Robert M. Burdette, 7205 Patterson St. pending No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Chief / event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) writing the ward DUE TO any Conditions, if any, which gave be farwarded to rise to immediate cause (a), Ξ DUF TO stating the underlying cause 0 and SD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY ar removal, PERFORMED? CERTIFICATION NO X please execute the certificate, pe 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 shauld PRIMARY or CONTRIBUTING should b CAUSE OF DEATH MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (State) Hour o.m. factory, street, office bldg., etc.) Not While While FUNERAL DIRECTOR: Page at wark ot wark 21. I certify that I taak charge af the remains described above, held an Autapsy Inquiry Inspection and in my apinian Natural causes, X. Undetermined manner death resulted fram: Accident Suicide | Hamicide may be retained CHIEF MEDICAL EXAMINER prior ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may b George E.Burgyorf Church Road Admilite otto City Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, Parklawn Cometery 27/67 BUT TRIT Rockville, Md. InWalley's Rainier, 250. REC'D BY REGISTRAR Funeral VR A15ME

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12506 12515 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral s 1 and ter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fun papers. Pages 1 of hin %2 haurs after d Howard MARYLAND Howard b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Life Woodstock d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitot, give street oddress) d. STREET ADDRESS ON A FARM? Grooms Land T ON YES [Grooms Lane carbon NAME OF First 4 DATE last Month Dov Year DECEASED Frank Crum September 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED lost birthdoy) Months Doys Hours WIDOWED Male White DIVORCED 8-2-1881 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working lite, even if retired) COUNTRY? INDUSTRY Railroad Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 705-09-0190 Mr. Frank Crum Woodstock cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p burial, cremati PART I. DEATH WAS CAUSED BY CCLUS/3N IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been the VPERTENSION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) ar use 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) While of work Not While 21. I certify that (I) (this haspital) attended the deceased from... 3. to>co7 sow the deceased alive of SEPTIZS 19 67, and that death occurred of M, from causes and on the date stated above. 220. SIGNATURE MED. DIRECTOR STAFF PHYS. director, page 3 should be filed v Hiberty Road, Sykesville, Maryland Dr. R.V. Houck, Jr. NAME (Type) BURIAL CREMATION. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 12516 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY MARYLAND Howard c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) of t b. CITY OR TOWN (If autside carporote limits, write RURAL and give neorest town requires that the death certificate be executed within 24 hours Dorsey, Baltimore, 21227 11 vrs. Dorsev. Balto. poper's hin 22 h d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? the attending physician and completely filled sit permit. Then please remave carbon age RFD #4 - Box #411 #4 - Box #411 YES NO 3. NAME OF Middle DATE Year DECEASED 67 September 19 DEGRUCHY DEATH (Type or print) CATHERINE AGE (In years YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Doys Hours crematian, or remaval, and in any July 4, 1907 WIDOWED White Male 10a. USUAL OCCUPATION (Give kind af wark dane 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME Maryland store 14. MOTHER'S MAIDEN NAME Alberta Bromweell George R. Clark IS WAS DECEASED EVER IN ILS ARMED FORCES? 17 INFORMANT (husbands) 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service) Mr. Charles DeGruchy Same As #2 no INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY of colon IMMEDIATE CAUSE (o) signed by physician. DUF TO burial, Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. of Health priar ta OR ATTENDING PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice blda., etc.) Not While at wark at work , 1957, to Quay, 1967, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram, 3 should Quel 25 1967, and that death occurred of 2130 M, from causes and an the date stated above. sow the deceosed alive an DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING X M.D. DIRECTOR PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S HNITZER, MD 3904 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Sept. 6/67 Meadowridge Mem. Park Howard County. Maryland Singleton Funeral Homeo. REC'D BY REGISTRAR 24. FUNERAD DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Glen Burnie, Maryland DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12518 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	PLACE OF DEATH				1	. USUAL RESIDENCE (V	Where deceased live	ed, if institution: R	Residence befor	e odmission)			
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	NAME (Type)	Russe	11 S.	Fisher M. I 23c. NAME OF CEMETI),	Address (Street,	, city, town, or cou		Septemb				
230	REMOVAL (Specify	70, 23b. DATE THI	REOF /	A b b o	ERY OR CAN	MATORY PARAK CA	23d. LOCATION	N (City or Town)	6 Part	T NC			
24	. FUNERAL DIRECTO	R [₹/	ADDRESS / LL	osch	250. REC'D	40		AR'S SIGNATUR	the day			
	W.W.	hambe	2-8 CC	in In	1/28	DATE O	CT 2 18	181 fc	rances	July 1			

.C. in more point of the CO MILES EN 1 10 1 2 10 N Landy Sept 2 108

MARYLAND STATE DEPARTMENT OF HEALTH

1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
OR STATE	-		2520
ALTH DEPT.	1.	PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rea. COUNTY a. STATE b. CDUNTY	sidence before admission)
5 may be epartment fer death.	_	Howard Maryland Maryland Howard	
Department after death.		write KUKAL end give neerest town)	and give nearest town)
epar		Fulton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDENCE
100			DN A FARM?
	3.	Pindell School Road NAME DF First Middle Last 4. DATE Month	YES ND X
	0.	NAME DF DECEASED (Type or print) Grover Cleveland Ossman DEATH September	Day Yeer 24 1967
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months I	YEAR IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED 10/29/84 82 VTS	Days Hours Min.
	10a dur	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stata or foreign country) 12. CIT	IZEN OF WHAT
		Farmer U.S. Gov't Fulton, Howard Co.Md	JSA
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	15	Frederick L. Ossman Elizabeth C. Saker WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. 17. INFORMANT Address 1 006	Ro
al, and	(Ye	s, no, or unkown) (If yes give war or dates of service)	Bond Mil
removal,	=	NO Mrs. Elizabeth H. Lewis, Laur 18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	1	HAZO MMEDIATE CAUSE (e) ACUTE CARGIAC FAILure due to coronary thrombosis	Instant
		Conditions, If any, which \ (b)	
		geve rise to immediate ceuse (a), stating the DUE TO	
	_	underlying cause lest. (c)	
	CERTIFICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
7	FICA	2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	YES ND X
	ERT	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
		20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PLACE DF INJURY (Home, farm, 20f. (City or town) (Coun	nty) (State)
	MEDICAL	Hour e.m. while Not While at work at work at work	
	2	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X,	and in my opinion
		death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
		CHIEF MEDICAL EXAMINER	
5		SIGNATURE (M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
2		EXAMINER'S Charles S. Whitaker, M.D. DEPUTY MEDICAL EXAMINER Clarks Address (Street, city, town, or county)	sville,
0	238	BURIAL, CREMATION, J. 23b. DATE THEREOF J. 23c. NAME OF CEMETERY OR CREMATORY J. 23d. LOCATION (City, town or court	Co (State)
W	1		rland
M	34	ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S	
11"	N	IN M Honoldally, Laurel, Maryland SEP 28 1967 juin	es Jusque
3/	-		

- - C TOO J. TOO 0 11 401.00 5 (2 (0.5) .:501124 Liver C.color 18 1911 Cocolor Care 0:.0 TOTAL STREET TOTAL STREET TOTAL TOTAL STREET vreceries a. O enam Mrs. Milesott L. Johls, Janual, C. 11 (110) (1 0 h) 01 .M. 2 0 11 11 5 33 5. the tent miconcard ,011.7 = 2 = 10 = 3 = 1 .00-61 DOCE DEEL VILLEY, DEC., IN 18 HOLDER 101 . 5 (1) (1)